

## Equalities Monitoring Form

Bristol Community Transport is committed to being an equalities organisation reaching all sections of the community. We would like you to fill in this form so that we can ensure that no one is discriminated against unlawfully. Information on individuals will not be linked to named membership information and will be held as summary data only. All questions are voluntary and will make no difference to the service you receive if you do not answer them.

Please note that these categories reflect those used by Bristol City Council.

### Do you consider yourself to be a Disabled person?

Yes  No  Prefer not to say

*For Bristol Community Transport purposes, a disabled person is someone who has great difficulty accessing, or cannot access, conventional public transport.*

### How would you describe your ethnic origin?

White	English/Welsh/Scottish/ Northern Irish/British	Irish	
	Gypsy (including English, Scottish & Roma Gypsy) or Irish Traveller	Eastern European	
	Any other White background, please describe		
Mixed / Multiple Ethnic Groups	White & Black Caribbean	White & Asian	
	White & Black African (non- Somali)		
	Any other Mixed / Multiple Ethnic background, please describe		
Black / African / Caribbean / Black British	Caribbean	Somali	
	African (non Somali)		
	Any other Black / African / Caribbean background, please describe		
Asian / Asian British	Indian	Pakistani	
	Bangladeshi	Chinese	
	Any other Asian background, please describe		
Other Ethnic Groups	Arab	Iranian	
	Iraqi	Kurdish	
	Turkish		
Any other Ethnic group, please describe			
Prefer not to say			

### What is your gender?

Male  Female  Prefer not to say

**Are you Transgender?** *(Is your gender different from the gender you were assigned with at birth?)*

Yes  No  Prefer not to say

**Please say how you would describe your sexual orientation?**

Heterosexual  Lesbian  Gay  Bisexual   
 Prefer not to say

**What is your age group?**

15 years or under		16-24 years		25-49 years		50-64 years	
65-74 years		75 years and over		Prefer not to say			

**What is your religion?**

Christian		Buddhist		Hindu		Jewish		Muslim	
Sikh		Other.....		No Religion		Prefer not to say			

It helps us to know whether we are reaching all disabled people. Please can you tick the relevant impairment (disability) group below – tick more than one box if appropriate.

**What is your impairment or disability?**

Physical Impairment		Visual Impairment		Hearing Impairment		Deaf BSL User		Learning Difficulty / Disability	
Specific Learning Difficulties e.g. dyslexia				A Health Condition e.g. Multiple Sclerosis, cancer					
Mental and Emotional Distress				Prefer not to say					

I do not wish to provide any of the information requested on this form

**Information provided will be treated confidentially and in accordance with the Data Protection Act 1988 and only used to ensure that everyone is treated fairly.**